

TIPPECANOE COUNTY BUILDING COMMISSION

Ron Highland
765-423-9225

Building Commissioner
Fax: 765-423-9203

SIGN PERMIT APPLICATION

Date Filed: _____ Key Number: _____

Permit #: _____ Township: _____ Sec: _____ Twp: _____ Range: _____

ADDRESS OF IMPROVEMENT: _____

Subdivision: _____ Lot # _____

Type of Sign: _____

Owner: _____ Telephone: _____

Address: _____

City: _____ State _____ Zip _____

Contractor _____ Telephone _____

Address: _____

Bond Expiration _____

** I certify that the information contained in this application is, including all attachments, is true and correct to the best of my knowledge and belief. **

Owner: _____ Contractor: _____

OFFICE USE ONLY

Date permit issued _____ Improvement Code _____

Date permit expires _____

Fees: Value _____ Filing Fees _____ TOTAL _____

These signs, where allowed, shall not be placed on a premise, in a commercial, industrial, or rural zone, nor at an institutional use in a Residential zone for more than 21 days within a 90 day period, no more than 4 times per year.

These signs, where allowed, shall not be placed on a premise, other than an institutional use in a Residential zone, for more than 3 days within a 90 day period, no more than 4 times per year.

APPROVED BY _____ ZONING _____

AREA PLAN COMMISSION

SQUARE FEET OF SIGN _____